

HEALTH STATISTICS

FROM THE U.S. NATIONAL HEALTH SURVEY

selected health characteristics by area

Geographic Regions and Urban-Rural Residence

United States
July 1957 - June 1959





See inside of back cover for catalog card.

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Selected statistics relating to limitation of activity, disability days, chronic conditions, persons injured, and Physician and dental visits by geographic region and urban, rural-farm, and rural-nonfarm residence. Based on data collected in household interviews during the period July 1957-June 1959.

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the Health Interview Survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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NOTE: Due to rounding detailed figures within tables may not add to totals	

GEOGRAPHIC REGIONS AND URBAN-RURAL RESIDENCE

SUMMARY

This report, based on health interviews conducted in approximately 73,000 households and covering about 235,000 persons throughout the United States during the period July 1957-June 1959, presents information on various health topics for the four major regions of the United States.



About 40.9 percent of persons living in the United States were reported to have one or more chronic conditions. While some of these conditions were relatively minor, others were serious conditions such as heart disease, diabetes, or mental illness. In the four major regions the percentage of persons with one or more chronic conditions ranged from 38.8 percent in rural-nonfarm areas in the South to 44.9 percent in urban areas of the West. However, the proportion of persons with limitation of activity due to chronic conditions was higher in rural-farm areas of the South than in any of the other residence areas.

	Percent of persons with 1+ chronic conditions		
Region	Total	With limitation of activity	
All regions	40.9	10.0	
Northeast North Central South West	40.5 41.2 39.5 44.2	9.5 9.8 10.5 9.9	

The number of restricted-activity days per person per year ranged from 15.8 days in rural-nonfarm areas in the Northeast to 23.7 days in rural-farm areas of the South. These areas also showed the widest variation in bed-disability days, with persons in the Northeast rural-nontarm areas having 5.6 bed-days per year and those in the rural-farm areas of the South having 8.8 bed-days.

	Number of days per person per year			
Region	Re- stricted activity	Bed disa- bility		
All regions	17.9	6.8		
Northeast North Central South West	17.1 16.3 19.9 18.3	6.3 6.1 7.8 6.8		

This report was prepared by Geraldine A.Gleeson of the U.S. National Health Survey staff.

Urban residents in the West region had on the average the highest rate of physician visits, 6.0 per year, for any regional population group, while persons living in rural-farm areas of the South had the lowest rate, 3.4 physician visits per person per year. A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice.

The rate of dental visits was highest among persons in the urban areas of the Northeast, 2.3 visits per person per year, and residents of rural-farm areas in the South had the lowest rate of dental visits, 0.7 visits per year. Each visit to a dentist's office for treatment or advice, whether the service was provided by the dentist or by a hygienist acting under his supervision, was considered as a dental visit.

	Visits per person per year			
Region	Physician	Dental		
All regions	5.0	1.5		
Northeast North Central South West	5.4 4.7 4.7 5.7	2.1 1.5 1.0 1.7		

Based on data collected by the National Health Survey during July 1957-June 1959, approximately 273 persons per 1,000 population were injured per year in the United States. Comparable rates for the four major regions were: Northeast, 251.3 persons; North Central, 277.4 persons; South, 268.9 persons; and West, 311.2 persons.

SOURCE AND DESCRIPTION OF DATA

The information contained in this report was obtained from nationwide household interviews conducted by the U. S. National Health Survey. The survey is continuous, each week covering a random sample of the civilian noninstitutional population of the United States.

The sample for the survey was designed in such a fashion that health data can be provided for major geographic areas and for urban and rural sectors of the Nation. In this report information on certain health topics is shown for the four major regions of the United States, and for

the urban, rural-nonfarm, and rural-farm areas within each region. Three general health measures were selected for inclusion: (1) the amount of disability due to illness, (2) the prevalence of selected chronic conditions and number of persons injured, and (3) the use of medical and dental services. In presenting these data in geographic detail it has been necessary in some instances, because of the magnitude of the sampling error, to consolidate information relating to health topics, e.g., persons with partial and major limitation of activity have been combined and shown as persons with any degree of chronic limitation of activity.

For the purpose of classifying the population by geographic region, the National Health Survey uses the same grouping of States as that used by the Bureau of the Census (see map on page 1 or Appendix II for grouping of States).

In general, the description of the health status of persons living in a geographic region is influenced to some extent by the distribution of persons within the region. For instance, if a relatively high proportion of old people live in an area, one would expect the rate of certain illnesses and disabilities to be high in the area because it would be weighted by the higher rates known to exist in the older population. Because of the differences in the age distribution of the population in the four regions, age-specific rates are shown for most of the health topics presented in this report. In some of the tables however, it has not been possible to include age as a variable because the small frequencies resulting from a more detailed breakdown would have produced unreliable rates. For the correct interpretation of regional differences appearing in such tables, it is necessary to take into account the distribution of the population in the several regions, shown in table A.

Included in Appendix I of this report is a brief description of the survey design and methods used in estimation. Since all of the data included in this report are estimates based on a sample of the population rather than on the entire population, they are subject to sampling errors. While the sampling errors for most of the estimates are of relatively low magnitude, where an estimated number or the numerator or denominator of a rate or percentage is small, the sampling error may be high. Tables of sampling errors and instructions for their use are also presented in Appendix I.

Definitions of the terms used in this report may be found in Appendix II. Since many of the terms have specialized meanings it is suggested that the reader familiarize himself with these definitions. A facsimile of the health interview questionnaire used during the period July 1958-June 1959 is presented in Appendix III.

Table A. Percent distribution of persons according to age by residence and region:
United States, July 1957-June 1959

	Region				
Residence and age	All regions	North- east	North Central	South	West
	Percent distribution				
All areas	100.0	100.0	100.0	100.0	100.0
0-24 25-44 45-64 65+	44.1 26.8 20.5 8.6	39.8 27.8 23.1 9.3	44.3 26.9 19.9 8.9	47.0 25.6 19.4 8.0	44.7 27.7 19.2 8.4
0-24 25-44 45-64 65+	41.5 27.1 22.2 9.2	38.4 27.3 24.7 9.6	42.2 26.9 21.3 9.5	44.2 27.1 20.8 7.9	41.6 27.5 21.1 9.8
0-24	48.1 28.4 16.4 7.2	43.7 30.5 18.0 7.8	47.8 28.9 15.8 7.5	49.4 26.5 16.8 7.2	50.8 29.0 14.6 5.6
Rural farm	100.0	100.0	100.0	100.0	100.0
0-24 25-44 45-64 65+	48.0 21.7 21.0 9.2	45.0 22.7 20.6 11.7	46.6 23.0 21.6 8.8	50.2 20.0 20.5 9.2	45.4 24.6 21.8 8.3

DISABILITY

Two aspects of disability are measured in the National Health Survey: one, referred to as chronic limitation of activity described as inability to carry on all or part of one's regular activities; the other, relatively short periods of disability described as days of restricted activity, bed disability, and work loss.

Long-Term Disability

For each person for whom a chronic condition was reported during the interview, the respondent was shown one of the Cards C through F (reproduced in Appendix III) and was asked to select the statement on the card which described most accurately the activity limitation status of the person. The cards vary in wording in relation to the usual activity (worker, housewife, student,

preschool) of the person, but are consistent in describing comparable degrees of limitation for each activity status. As previously mentioned, all degrees of activity limitation have been combined in this report so that greater detail in geographic distribution could be shown.

The highest proportion of persons with one or more chronic conditions, 44,2 percent, was reported in the West region, while the lowest percentage, 39.5 percent, was reported in the South (table 1). However, the percentage of persons with any degree of chronic limitation of activity due to chronic conditions was higher in the South than in any of the other regions (fig. 1). Much of this activity limitation in the South is explained by the high prevalence of chronic conditions among persons 65 years and older, a population group where activity limitation would be expected. This is substantiated by data shown in table 2—47.7 percent of the persons 65 years and older living

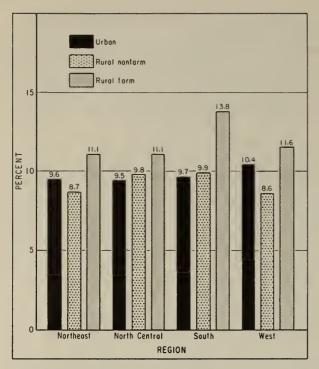


Figure 1. Percent of persons with any degree of chronic limitation of activity by region and residence.

in the South region had some degree of activity limitation. In each of the residence areas in the South the rate of activity limitation among persons 65 years and older was high in relation to rates in the other geographic regions, but the differential was greater in farm areas than in rural-nonfarm and urban areas (table B).

The comparatively low rate of chronic limitation of activity in the Northeast region was rather striking in view of the fact that 32.4 percent of the population in this region was in the

age group 45 years and over, as compared with 28.8 percent in the North Central, 27.4 percent in the South, and 27.6 percent in the West (table A).

Disability Days

Information on disability in terms of days was obtained for each condition, either chronic or acute, reported in response to questions 11-17 and entered in table I of the interview questionnaire (see Appendix III). The estimated number of restricted-activity days is based on responses to the questions in columns (e), (f), and (g) in table I of the questionnaire. Responses to the question in column (h) formed the basis for the estimate of number of bed-disability days, and responses to the questions in columns (i) and (j) were used to determine the estimate of number of days lost from work. Precise definitions for each of the kinds of disability days are given in Appendix II. A day of disability resulting from more than one condition was ascribed to each condition in tabulations dealing with condition characteristics. However, in the tabulation of disability days for persons, the day is counted only once as a day of disability for the person involved. Only person-days of disability are shown in this report.

As in the case of chronic activity limitation, persons living in the South had the highest rates of restricted-activity, bed-disability, and workloss days (table 3). In urban areas the rate of disability for all persons was no higher in the South than in other regions, but in rural areas, both nonfarm and farm, the number of restricted-activity, bed-disability, and work-loss days per person per year was significantly higher in the South. In figure 2, the relative rates of disability are shown graphically in terms of bed-disability days for each residence area in the four regions.

Disability rates presented by age group in table 4 indicate that the higher rate of disability

Table B. Percent of persons 65 years and older with chronic limitation of activity:
United States, July 1957-June 1959

	Residence				
Region	All areas	Urban	Rural nonfarm	Rural farm	
	Percent				
All regions	42.3	39.1	46.3	51.2	
Northeast North Central South West	38.3 41.9 47.7 39.9	37.3 38.8 43.1 38.2	40.4 48.5 48.4 44.4	45.5 46.0 57.4 43.4	

Table C. Number of bed-disability days per person per year for persons 65 years and older: United States, July 1957-June 1959

	Residence				
Region	All areas	Urban	Rural nonfarm	Rural farm	
	Number of bed-disabilit person per year				
All regions	14.2	13.5	15.7	15.5	
Northeast	11.1 13.6 20.3 9.5	10.8 14.0 19.8 9.3	11.9 14.4 20.3 11.2	12.3 10.2 21.4 6.8	

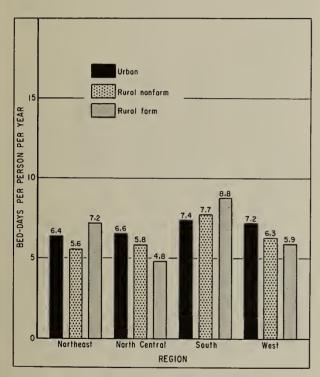


Figure 2. Number of bed-disability days per person per year by region and residence.

in the South occurs among persons 45 years and older, with the rate for persons 65 years and over much higher than for persons in this age group in other regions. From table C, which shows the rate of bed disability for this segment of the population by place of residence, it is apparent that in the South the rate of disability is high among persons 65 years and older regardless of their place of residence.

ILLNESS

In this report, tables showing illness by region and residence have been limited to the prevalence of selected chronic conditions, and the number and rate of persons injured. The incidence of acute conditions by condition group has not been included because a recent report (Series B, No. 23) issued by the National Health Survey has covered in some detail the geographic distribution of acute conditions. Readers are referred to this publication for detailed data on acute conditions by geographic region.

Data on conditions are based on replies to a series of "illness-recall" questions, designed to assist the respondent in reporting illnesses as accurately and completely as possible. In addition, check lists of chronic conditions and impairments were read to each respondent to determine the presence of chronic illness among family members during the 12-month period prior to interview.

Chronic Conditions

In the National Health Survey, a condition is considered to be chronic if it is reported as having been present for more than 3 months at the time of interview, or if it is described by the respondent in terms of one of the conditions on the check lists of chronic conditions and impairments (Cards A and B, Appendix III) regardless of how long the condition has existed,

The prevalence of chronic conditions estimated on the basis of data collected in the health-interview phase of the National Health Survey includes in the various diagnostic categories those cases which the respondent is aware of, remembers, and considers of sufficient importance to report. Prevalence based on this kind

of information can be expected in some instances to differ widely from estimates based on clinical examination or medical records. Since the degree of accuracy and completeness with which the various condition categories are reported is to a large extent dependent on the nature of the condition itself, it has been the policy of the National Health Survey to prepare individual reports dealing with specific condition categories. In this manner it has been possible to present the limitations and qualifications pertaining to the particular diagnostic category.

In this report, data are presented which provide information on the geographic distribution of selected chronic conditions. In lieu of repeating the background information necessary for the proper interpretation of these data, it is suggested that users of this information refer to reports in the B Series dealing with specific chronic condition groups.

The groups shown in this report are listed below with their equivalent International Classification Code Numbers or Supplementary Impairment Code Numbers:

International

Chronic Condition Group	Classification Code Numbers,
Heart conditions	1955 Revision 410-443
High blood pressure	444-447
Diabetes	260
Peptic ulcer	540-542
Arthritis and rheumatism	720-727
Hernia	560-561
Asthma-hay fever	240-241
Chronic bronchitis	502
Chronic sinusitis	513
	Cupplomontory
Impairment Group	Supplementary Impairment
impairment Group	Code Numbers
	Code Numbers
Visual impairments	X00-X05
Hearing impairments	X06-X09
Paralysis of major ex-	
tremities and/or trunk	X40-X49; X50-X59
	X60-X69

The distribution of selected chronic conditions in the four geographic regions is shown by sex in tables 5 and 6, and by residence in tables 7 and 8.

There was no appreciable difference in the prevalence of heart conditions by geographic region, however, the rate for all regions was some-

what higher in rural-farm areas than in urban and nonfarm areas. This differential by place of residence was quite apparent within the South region. The prevalence rate for high blood pressure was also higher in Southern rural-farm areas than in comparable areas of the other regions. These diseases which are known to be prevalent among older persons and to cause extensive disability may account to some extent for the increased rate of disability among older persons in the South (tables 2 and 4). The rate for high blood pressure was consistently higher for females than for males in all of the regions.

The rate for diabetes was 11.3 cases per 1,000 population in the Northeast region, 9.2 cases in the North Central region, 8.3 in the South, and 6.2 cases in the West. This pattern of geographic distribution, exhibiting a gradual decrease in prevalence from east to west, was also characteristic of the rates by sex, and by urban and rural-nonfarm area of residence. This distribution was of particular interest because a similar geographic trend has been noted in age-adjusted mortality rates for diabetes.

The rates for peptic ulcer and for hernia did not vary among regions. The higher prevalence of these conditions among males and in rural-farm areas was consistent in each of the regions.

The prevalence of arthritis and rheumatism was in excess of 80 cases per 1,000 population in rural-farm areas of each of the regions as compared with rates ranging from 50-60 per 1,000 persons in rural-nonfarm areas, and from 60-70 per 1,000 persons in urban areas.

Among chronic conditions affecting the respiratory system, the rate for sinusitis was highest in the North Central region, with cases among persons in rural-nonfarm areas accounting for the high rate. Asthma-hay fever and chronic bronchitis were more prevalent in the West than in other regions with rates for all places of residence—urban, rural nonfarm, and rural farm—contributing to the high rate. The incidence of acute respiratory conditions was also found to be higher in the West than in the other geographic regions (see table 10, Series B-No. 23).

Differences in the rate of impairments in the several regions were not remarkable, although the rate of hearing impairments among males and among urban and rural-farm residents was slightly higher in the West than in any of the other regions.

Persons Injured

Whenever an injury or the residual effects of any injury was reported, information about the circumstances of the original accident was recorded in table A of the questionnaire (see Appendix III). Only one entry was made in table A for each accident reported by a person, irrespective of the number of injuries which he suffered as a result of the specific accident.

Although the survey questionnaire is designed to collect information on all injuries, it should be emphasized that only injuries that were medically attended or resulted in one or more days of restricted activity are included in this report.

The number of persons injured per 1,000 population is shown in figure 3 for each of the four major regions. Data on persons injured, presented in tables 9-11, indicate that the rate of injury is significantly higher among persons living

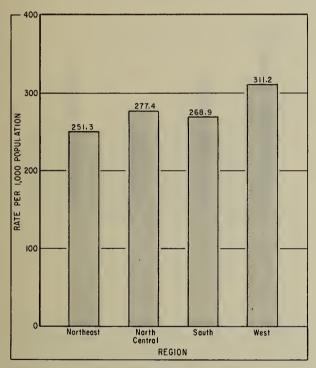


Figure 3. Number of persons injured per 1,000 population per year by region.

in rural-nonfarm areas of the West than among any of the other residence groups (table 9). The rate of injury was particularly high in the West among persons under 45 years of age (table 10). The age group 0-14 years had the highest injury rate in all regions except the North Central, where the rate for persons 15-24 years was higher than for any other age group in that region. While all classes of accidents contributed to the high rate of injury in the West region, injury occurring in the home was the only classification for which the rate was significantly higher than in any of the other regions.

USE OF MEDICAL AND DENTAL SERVICES

Physician Visits

In the National Health Survey a physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. (For a more complete definition, see Appendix II.)

The number of physician visits per person per year ranged from 4.7 visits in the North Central and South regions to 5.7 visits in the West region. In general, the number of visits increased with age in each of the regions; an exception to this general trend, however, was noted among children in the Northeast region where the physician visit rate was higher than for persons 15-24 and 25-44 years of age (table 12).

The number of physician visits per person per year in the United States decreased in relation to population density, with persons in urban areas having an average of 5.3 visits, persons in rural-nonfarm areas, 4.9 visits, and those in rural-farm areas, 3.8 visits. This relationship to population density was apparent in each of the place-of-visit categories and also within each of the four regions (table 13).

The average annual number of physician visits per person was highest for persons living in urban areas of the West (6.0 visits per person), and lowest for those residing in rural-farm areas of the South (3.4 visits per person). This latter figure may seem rather surprising in view of the high rate of chronic limitation of activity and of bed-disability days among persons residing in rural-farm areas in the South (see figs. 1 and 2). However, data shown in table 12 indicate that physician visits for persons 65 years and over in Southern rural-farm areas averaged higher than for persons in this age-residence group in other regions.

The general trend of increased physician visits with age was characteristic of office visits. Home visits, as well as those in the category 'other and unknown,' were slightly higher for persons 0-14 years of age than for persons in succeeding age groups, with the exception of the group 65 years and older. The category 'other and unknown' includes telephone consultations and visits made to hospital clinics, which may explain the higher rate of visits for children.

Differences in the distribution of physician visits by place of visit in the several regions are apparent from the percentages shown in table 15. The proportion of physician visits classified as home visits was significantly higher in the Northeast than in any of the other regions (fig. 4). The proportion of home visits in this area was higher

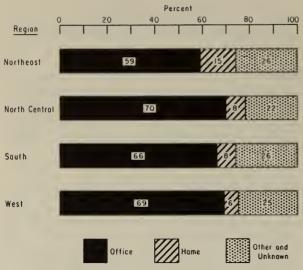


Figure 4. Percent distribution of physician visits according to place of visit by region.

in each of the age groups, and particularly so among children and persons over 65 years of age. About 40 percent of the visits for children in the Northeast region were made to the doctor's office, as compared with approximately 60 percent in the other regions.

Dental Visits

A dental visit, in the National Health Survey, is defined as any visit to a dentist's office for treatment or advice, whether the service was provided by a dentist or by a hygienist working under a dentist's supervision.

Although the estimates of the volume of dental visits presented in this report are based on the accumulation of counts of dental visits over a two-year-interviewing period, the aggregates shown in the tables represent, as in the case of physician visits, the average annual volume of dental visits.

In all regions the number of visits per person per year was higher in urban areas than in rural areas, and higher in nonfarm areas than in farm areas (table 16). This differential by place of residence was most striking in the Northeast where persons residing in urban areas made on the average 2.3 visits to the dentist per year, persons in rural-nonfarm areas, 1.7 visits, and

those in rural-farm areas, 1.0 visits per year.

Reflecting the influence of the distribution of the population by place of residence, the Northeast region, in which approximately three fourths of the residents live in urban areas, had the highest rate of dental visits, 2.1 per person per year (fig. 5). In the South, where about one half of the

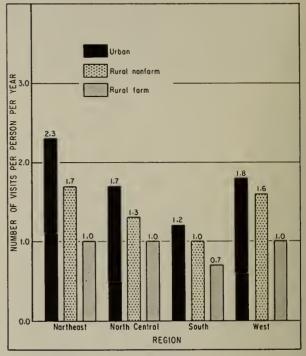


Figure 5. Number of dental visits per person per year by region and residence.

population live in rural areas, the rate of dental visits was lowest, 1.0 visits per person per year. In each of the age groups shown in table 17, the rates for the Northeast were consistently high, while those in the South were, in every age group, lower than in the other regions. Rates of dental visits by age for the North Central and the West were quite similar.

The extremely low rate of dental visits for persons over 65 years of age is due to the high proportion of edentulous persons in the age group.

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Table 1. Average number and percent distribution of persons according to presence of chronic conditions and limitation of activity by region and residence: United States, July 1957-June 1959

			Persons with 1+ chronic conditions				Persons with 1+ chronic conditions	
Region and residence	All persons	Persons with no chronic condi- tions	Total	With any degree of chronic limitation of ac- tivity	All persons	Persons with no chronic condi- tions	Total	With any degree of chronic limitation of ac- tivity
	Average number of persons in thousands			Р	ercent di	stributi	on	
All regions	169,835	100,325	69,510	16,919	100.0	59.1	40.9	10.0
UrbanRural nonfarmRural farm	102,900 46,783 20,151	60,645 27,890 11,790	42,255 18,893 8,361	9,991 4,431 2,497	100.0 100.0 100.0	58.9 59.6 58.5	41.1 40.4 41.5	9.7 9.5 12.4
Northeast	42,379	25,211	17,168	4,030	100.0	59.5	40.5	9.5
UrbanRural nonfarmRural farm	31,443 9,020 1,916	18,704 5,405 1,102	12,738 3,616 814	3,031 788 212	100.0 100.0 100.0	59.5 59.9 57.5	40.5 40.1 42.5	9.6 8.7 11.1
North Central	51,509	30,308	21,201	5,049	100.0	58.8	41.2	9.8
UrbanRural nonfarmRural farm	31,181 13,387 6,941	18,355 7,859 4,093	12,825 5,528 2,847	2,963 1,318 768	100.0 100.0 100.0	58.9 58.7 59.0	41.1 41.3 41.0	9.5 9.8 11.1
South	51,622	31,233	20,388	5,427	100.0	60.5	39.5	10.5
UrbanRural nonfarmRural farm	25,130 16,951 9,542	15,241 10,371 5,621	9,888 6,579 3,921	2,426 1,686 1,315	100.0 100.0 100.0	60.6 61.2 58.9	39.3 38.8 41.1	9.7 9.9 13.8
West	24,325	13,573	10,752	2,413	100.0	55.8	44.2	9.9
UrbanRural nonfarmRural farm	15,147 7,425 1,753	8,344 4,256 974	6,803 3,170 779	1,570 640 203	100.0 100.0 100.0	55.1 57.3 55.6	44.9 42.7 44.4	10.4 8.6 11.6

Table 2. Average number and percent distribution of persons according to presence of chronic conditions and limitation of activity by region and age: United States, July 1957-June 1959

		5		s with 1+ conditions			Persons with 1+ chronic conditions	
Region and age	All persons	Persons with no chronic condi- tions	Total	With any degree of chronic limitation of ac- tivity	All persons	Persons with no chronic condi- tions	Total	With any degree of chronic limitation of ac- tivity
	Aver	age numbe	r of per usands	sons in	Р	ercent di	stributi	on
All regions		1	1					
All ages	169,835	100,325	69,510	16,919	100.0	59.1	40.9	10.0
0-2425-44	74,826 45,579	59,122 23,919	15,703 21,660	1,631 3,376	100.0 100.0	79.0 52.5	21.0 47.5	2.2 7.4
45-64 65+	34,763 14,667	13,954 3,329	20,809	5,711 6,201	100.0	40.1 22.7	59.9 77.3	16.4 42.3
Northeast								
All ages	42,379	25,211	17,168	4,030	100.0	59.5	40.5	9.5
0-2425-44	16,887 11,765	13,282 6,598	3,605 5,167	373 752	100.0 100.0	78.7 56.1	21.3 43.9	2.2 6.4
45-64 65+	9,799 3,928	4,345 986	5,454 2,942	1,401 1,504	100.0	44.3 25.1	55.7 74.9	14.3 38.3
North Central								
All ages	51,509	30,308	21,201	5,049	100.0	58.8	41.2	9.8
0-24	22,794 13,859	18,114 7,067	4,680 6,792	472 999	100.0	79.5 51.0	20.5 49.0	2.1 7.2
45-6465 +	10,267 4,588	4,041 1,084	6,226 3,504	1,655 1,922	100.0 100.0	39.4 23.6	60.6 76.4	16.1 41.9
South								
All ages	51,622	31,233	20,388	5,427	100.0	60.5	39.5	10.5
0-24	24,273 13,209	19,551 7,068	4,721 6,141	526 1,061	100.0 100.0	80.5 53.5	19.4 46.5	2.2 8.0
45-64 65+	10,036 4,105	3,821 794	6,215 3,311	1,881 1,959	100.0 100.0	38.1 19.3	61.9 80.7	18.7 47.7
West								
All ages	24,325	13,573	10,752	2,413	100.0	55.8	44.2	9.9
0-2425-44	10,872 6,747	8,175 3,187	2,697 3,560	259 564	100.0 100.0	75.2 47.2	24.8 52.8	2.4 8.4
45-64 65+	4,661 2,046	1,747 465	2,914 1,581	774 816	100.0 100.0	37.5 22.7	62.5 77.3	16.6 39.9

Table 3. Average annual number of disability days and number of days per person per year by region and residence: United States, July 1957-June 1959

Region and residence	Restricted- activity days	Bed- disability days	Work-loss days for usually working persons 17+	Restricted- activity days	Bed- disability days	Work-loss days for usually working persons 17+
	Average numb	er of disabi thousands	lity days	Number of da	n per year	
All regions	3,035,325	1,148,768	376,250	17.9	6.8	6.3
Urban Rural nonfarm Rural farm	1,797,285 829,899 408,141	701,519 305,838 141,411	233,903 89,191 53,156	17.5 17.7 20.3	6.8 6.5 7.0	6.1 6.1 8.6
Northeast	722,824	266,237	102,733	17.1	6.3	6.4
Urban	546,408 142,791 33,624	201,495 50,853 13,889	79,688 17,718 5,327	17.4 15.8 17.5	6.4 5.6 7.2	6.5 5.9 8.7
North Central	839,542	315,502	98,175	16.3	6.1	5.5
UrbanRural nonfarm	507,786 215,481 116,275	204,256 77,724 33,522	61,385 22,229 14,561	16.3 16.1 16.8	6.6 5.8 4.8	5.4 5.3 6.7
South	1,026,876	400,884	124,903	19.9	7.8	7.1
Urban Rural nonfarm Rural farm	457,201 343,783 225,892	186,771 130,413 83,700	58,972 37,496 28,435	18.2 20.3 23.7	7.4 7.7 8.8	6.3 7.2 10.1
West	446,083	166,146	50,439	18.3	6.8	6.1
Urban Rural nonfarm Rural farm	285,890 127,843 32,349	108,997 46,848 10,300	33,858 11,748 4,833	18.9 17.2 18.5	7.2 6.3 5.9	6.2 5.4 8.2

Table 4. Average annual number of disability days and number of days per person per year by region and age: United States, July 1957-June 1959

[Data are based on household interviews of the civilian noninstitutional population. The survey design, general qualifications, and tables of sampling errors are given in Appendix II]

Region and age	Restricted- activity days	Bed- disability days	Work-loss days for usually working persons 17+.	Restricted- activity days	Bed- disability days	Work-loss days for usually working persons 17+			
All regions	Average numb	er of disabi thousands	lity days	Number of da	Number of days per person per year				
All ages	3,035,325	1,148,768	376,250	17.9	6.8	6.3			
0-24 25-44	959,007 659,813	429,749 243,756	36,108 ¹ 150,782	12.8 14.5	5.7 5.3	5.2 ¹ 5.3			
45-64 65 +	791,623 624,881	266,635 208,628	162,828 26,531	22.8 42.6	7.7 14.2	7.6 9.8			
Northeast									
All ages	722,824	266,237	102,733	17.1	6.3	6.4			
0-24	236,103 159,612	99,792 61,588	8,742 ¹ 41,000	14.0 13.6	5.9 5.2	5.1 ¹ 5.6			
45-64 65+	194,117 132,992	61,433 43,424	46,887 6,104	19.8 33.9	6.3 11.1	7.6 8.4			
North Central									
All ages	839,542	315,502	98,175	16.3	6.1	5.5			
0-24 25-44	257,047 181,772	119,666 64,367	9,184 ¹ 38,876	11.3 13.1	5.2 4.6	4.5 ¹ 4.6			
45-64 65+	211,600 189,123	69,100 62,368	42,639 7,476	20.6 41.2	6.7 13.6	6.7 8.8			
South									
All ages	1,026,876	400,884	124,903	19.9	7.8	7.1			
0-24 25-44	301,669 209,138	138,688 78,138	14,249 ¹ 47,571	12.4 15.8	5.7 5.9	6.0 ¹ 5.7			
45-64 65+	282,305 233,764	100,706 83,353	52,896 10,187	28.1 56.9	10.0 20.3	8.8 13.3			
West									
All ages	446,083	166,146	50,439	18.3	6.8	6.1			
0-24 25-44	164,189 109,291	71,604 39,663	3,933 ¹ 23,335	15.1 16.2	6.6 5.9	4.7 ¹ 5.6			
45-64 65+	103,600 69,002	35,396 19,483	20,407 2,765	22.2 33.7	7.6 9.5	7.0 7.5			

 $^{^{1}}$ Includes work-loss days for persons 17-24 years only.

Table 5. Prevalence of selected chronic conditions by region and sex: United States, July 1957-June 1959

[Data are based on household interviews of the civilian noninstitutional population. The survey design, general qualifications, and tables of sampling errors are given in Appendix I.

	Region						
Sex and selected conditions	All regions	North- east	North Central	South	West		
Both sexes	Numbe	r of chron	nic conditi	ons in tho	usands		
Heart conditions	5,013 5,234	1,291 1,313		1,508 1,767	720 680		
Diabetes	1,530	478	1,475 474	427	152		
Peptic ulcer	2,440	570	738	756	376		
Arthritis and rheumatism	10,845	2,494 640	3,346	3,431	1,574 361		
	2,539	040	811	727	201		
Asthma-hay fever	9,225	2,079	2,534	2,754	1,858		
Chronic bronchitis	1,980 9,941	470 1,931	599 3,615	577 2,899	333 1,495		
	7,941	1,951	3,013	2,099	1,473		
Visual impairments	3,048	753	810	1,060	425		
Hearing impairments	5,798 936	1,570 188	1,747 302	1,495 323	986 123		
rately of major cheremetros and, or or and	750	100	302	323	123		
<u>Male</u>							
Heart conditions	2,529	622	763	796	348		
High blood pressure	1,498	354	409	532	203		
Diabetes	660	201	201	185	72		
Peptic ulcer	1,771	403	539	554	275		
Arthritis and rheumatism	3,806	763	1,230	1,254	559		
Hernia	1,916	493	595	562	266		
Asthma-hay fever	4,556	1,078	1,317	1,311	850		
Chronic bronchitis	957	226	295	278	158		
Chronic sinusitis	4,320	867	1,634	1,196	624		
Visual impairments	1,476	340	410	504	222		
Hearing impairments	3,277	851	993	863	570		
Paralysis of major extremities and/or trunk	510	107	161	172	70		
<u>Female</u>							
Heart conditions	2,484	669	732	711	372		
High blood pressure	3,736	958	1,066	1,235	477		
Diabetes	871	277	272	243	80		
Peptic ulcer	669	168	199	201	101		
Arthritis and rheumatism	7,038	1,731	2,116	2,176	1,015		
Hernia	623	146	216	166	95		
Asthma-hay fever	4,669	1,001	1,217	1,443	1,008		
Chronic bronchitis	1,023	244	304	299	175		
Chronic sinusitis	5,621	1,064	1,982	1,703	872		
Visual impairments	1,571	412	400	556	203		
Hearing impairments	2,521	719	754	632	416		
Paralysis of major extremities and/or trunk	426	81	141	151	53		

Table 6. Prevalence of selected chronic conditions per 1,000 population by region and sex: United States, July 1957-June 1959

	Region							
Sex and selected conditions	All regions	North-	North Central	South	West			
			r 1,000 pc	pulation				
Both sexes			ı	1 1				
Heart conditions	29.5	30.5	29.0	29.2	29.6			
	30.8	31.0	28.6	34.2	28.0			
	9.0	11.3	9.2	8.3	6.2			
Peptic ulcerArthritis and rheumatism	14.4	13.5	14.3	14.6	15.5			
	63.9	58.8	65.0	66.5	64.7			
	14.9	15.1	15.7	14.1	14.8			
Asthma-hay fever	54.3	49.1	49.2	53.3	76.4			
	11.7	11.1	11.6	11.2	13.7			
	58.5	45.6	70.2	56.2	61.5			
Visual impairments Hearing impairments Paralysis of major extremities and/or trunk	17.9	17.8	15.7	20.5	17.5			
	34.1	37.0	33.9	29.0	40.5			
	5.5	4.4	5.9	6.3	5.1			
Male								
Heart conditions	30.6	30.2	30.1	32.0	29.6			
	18.1	17.2	16.1	21.4	17.3			
	8.0	9.8	7.9	7.4	6.1			
Peptic ulcerArthritis and rheumatism	21.4	19.6	21.2	22.3	23.4			
	46.1	37.1	48.5	50.4	47.5			
	23.2	23.9	23.4	22.6	22.6			
Asthma-hay fever	55.1	52.4	51.9	52.7	72.2			
	11.6	11.0	11.6	11.2	13.4			
	52.3	42.1	64.4	48.0	53.0			
Visual impairments	17.9	16.5	16.2	20.2	18.9			
	39.7	41.3	39.1	34.7	48.4			
	6.2	5.2	6.3	6.9	5.9			
<u>Female</u>								
Heart conditions	28.5	30.7	28.0	26.6	29.6			
	42.8	44.0	40.8	46.2	38.0			
	10.0	12.7	10.4	9.1	6.4			
Peptic ulcer	7.7	7.7	7.6	7.5	8.0			
	80.7	79.4	81.0	81.4	80.8			
	7.1	6.7	8.3	6.2	7.6			
Asthma-hay fever	53.5	45.9	46.6	54.0	80.2			
	11.7	11.2	11.6	11.2	13.9			
	64.5	48.8	75.9	63.7	69.4			
Visual impairments Hearing impairments Paralysis of major extremities and/or trunk	18.0	18.9	15.3	20.8	16.2			
	28.9	33.0	28.9	23.6	33.1			
	4.9	3.7	5.4	5.6	4.2			

Table 7. Prevalence of selected chronic conditions by region and residence: United States, July 1957-June 1959

			Region		
Residence and selected conditions	All regions	North- east	North Central	South	West
<u>Urban</u>	Numbe	r of chron	ic conditi	ons in tho	usands
Heart conditions	3,037	955	904	688	489
High blood pressure	3,250 954	1,014 366	947 289	811 189	4 78 109
Peptic ulcer	1,444	432	449	321	243
Arthritis and rheumatism	6,442	1,857	1,968	1,584	1,033
Hernia	1,437	445	430	341	221
Asthma-hay fever	5,684	1,516	1,583	1,444	1,141
Chronic bronchitisChronic sinusitis	1,229	354	359	297	219
Chronic sinusitis	5,772	1,346	2,072	1,435	918
Visual impairments	1,810	552	520	452	286
Hearing impairments	3,486	1,164	1,029	650	644
Paralysis of major extremities and/or trunk	577	142	191	161	82
Rural nonfarm					
Heart conditions	1,308	271	377	486	174
High blood pressure	1,267	242	333	528	164
Diabetes	380	89	117	140	(*)
Peptic ulcer	658	115	188	256	99
Arthritis and rheumatism	2,664	479	801	990	394
Hernia	692	144	226	219	104
Asthma-hay fever	2,620	488	638	907	587
Chronic bronchitis	569	99	181	190	98
Chronic sinusitis	3,049	468	1,100	1,005	475
Visual impairments	802	156	185	355	106
Hearing impairments	1,550	315	471	510	254
Paralysis of major extremities and/or trunk	240	(*)	72	98	(*)
<u>Rural farm</u>					
Heart conditions	668	65	213	333	56
High blood pressure Diabetes	717 197	57 (*)	195 67	427	(*)
	197	(^)	07	98	(*)
Peptic ulcer	337	(*)	100	179	(*)
Arthritis and rheumatism	1,739	157	577	857	147
	410	50	155	168	(*)
Asthma-hay fever	921	75	313	403	130
Chronic bronchitisChronic sinusitis	182	(*)	59	90	(*)
	1,120	117	443	458	102
Visual impairments	436	(*)	106	253	(*)
Hearing impairments	762	92	247	336	88
Paralysis of major extremities and/or trunk	119	(*)	(*)	64	(*)

Table 8. Prevalence of selected chronic conditions per 1,000 population by region and residence: United States, July 1957-June 1959

			Region		
Residence and selected conditions	All regions	North- east	North Central	South	West
		Rate pe	r 1,000 po	pulation	
<u>Urban</u>			ı	1 1	
Heart conditions	29.5	30.4	29.0	27.4	32.3
High blood pressure	31.6	32.2	30.4	32.3	31.6
Diabetes	9.3	11.6	9.3	7.5	7.2
Peptic ulcer	14.0	13.7	14.4	12.8	16.0
Arthritis and rheumatism	62.6	59.1	63.1	63.0	68.2
Hernia	14.0	14.2	13.8	13.6	14.6
Asthma-hay fever	55.2	48.2	50.8	57.5	75.3
Chronic bronchitis	11.9	11.3	11.5	11.8	14.5
Chronic sinusitis	56.1	42.8	66.5	57.1	60.6
Visual impairments	17.6	17.6	16.7	18.0	18.9
Hearing impairments	33.9	37.0	33.0	25.9	42.5
Paralysis of major extremities and/or trunk	5.6	4.5	6.1	6.4	5.4
Rural nonfarm					
Heart conditions	28.0	30.0	28.2	28.7	23.4
High blood pressure	27.1	26.8	24.9	31.1	22.1
Diabetes	8.1	9.9	8.7	8.3	(*)
Peptic ulcer	14.1	12.7	14.0	15.1	13.3
Arthritis and rheumatism	56.9	53.1	59.8	58.4	53.1
Hernia	14.8	16.0	16.9	12.9	14.0
Asthma-hay fever	56.0	54.1	47.7	53.5	79.1
Chronic bronchitis	12.2	11.0	13.5	11.2	13.2
Chronic sinusitis	65.2	51.9	82.2	59.3	64.0
Visual impairments	17.1	17.3	13.8	20.9	14.3
Hearing impairments	33.1	34.9	35.2	30.1	34.2
Paralysis of major extremities and/or trunk	5.1	(*)	5.4	5.8	(*)
Rural farm					
Heart conditions	33.1	33.9	30.7	34.9	31.9
High blood pressure	35.6	29.7	28.1	44.7	(*)
Diabetes	9.8	(*)	9.7	10.3	(*)
Peptic ulcer	16.7	(*)	14.4	18.8	(*)
Arthritis and rheumatism	86.3	81.9	83.1	89.8	83.9
Hernia	20.3	26.1	22.3	17.6	(*)
Asthma-hay fever	45.7	39.1	45.1	42.2	74.2
Chronic bronchitis	9.0	(*)	8.5	9.4	(*)
Chronic sinusitis	55.6	61.1	63.8	48.0	58.2
Visual impairments	21.6	(*)	15.3	26.5	(*)
Hearing impairments	37.8	48.0	35.6	35.2	50.2
Paralysis of major extremities and/or trunk	5.9	(*)	(*)	(*)	(*)

Table 9. Average annual number and rate per 1,000 population of persons injured by region and residence: United States, July 1957-June 1959

	Residence						
Region	All areas	Urban	Rural nonfarm	Rural farm			
	Average number of persons injured in thousands						
All regions	46,388	27,534	13,293	5,562			
Northeast	10,649 14,289 13,880 7,569	8,931 6,540 4,382	4,662	(*)			
All regions	273.1	267.6	284.1	276.0			
Northeast	251.3 277.4 268.9 311.2	244.3 286.4 260.2 289.3	269.2 256.4 275.0 373.1	(*) 277.5 280.7 (*)			

Table 10. Average annual number and rate per 1,000 population of persons injured by region and age: United States, July 1957-June 1959

(See headnote on table 9)

			Ag	e					
Region	All ages	0-14	15-24	25-44	45-64	65+			
	Average number of persons injured in thousands								
All regions	46,388	16,384	6,756	11,788	8,108	3,352			
Northeast	10,649 14,289 13,880 7,569	3,609 4,665 5,353 2,757	1,444 2,197 2,137 977	2,874 3,980 2,713 2,222	2,484 2,623	932 963 1,055 (*)			
		Rai	te per 1,00	00 populat	ion				
All regions	273.1	307.4	313.9	258.6	233.2	228.5			
Northeast	251.3 277.4 268.9 311.2	302.1 283.8 316.2 345.1	292.3 345.6 291.0 338.9	244.3 287.2 205.4 329.3	182.8 241.9 261.4 260.0	237.3 209.9 257.0 (*)			

Table 11. Average annual number and rate per 1,000 population of persons injured according to class of accident by region and residence: United States, July 1957-June 1959

	Class of accident ¹						
Region and residence	All classes	Motor vehicle	While at work	Home	Other and unknown		
	Average number of persons injured in thousands						
All regions	46,388	4,172	8,292	19,960	13,964		
Urban Rural nonfarm Rural farm	27,534 13,293 5,562	2,456 1,153 (*)	4,717 2,486 1,088	11,700 6,013 2,248	8,660 3,640 1,663		
Northeast North Central South West	10,649 14,289 13,880 7,569	880 1,476 1,126 691	1,744 2,803 2,505 1,240	4,473 5,815 6,175 3,496	3,552 4,196 4,074 2,142		
		Rate pe	er 1,000 pc	pulation			
All regions	273.1	24.6	48.8	117.5	82.2		
Urban	267.6 284.1 276.0	23.9 24.6 (*)	45.8 53.1 54.0	113.7 128.5 111.6	84.2 77.8 82.5		
Northeast North Central South West	251.3 277.4 268.9 311.2	20.8 28.7 21.8 28.4	41.2 54.4 48.5 51.0	105.5 112.9 119.6 143.7	83.8 81.5 78.9 88.1		

¹Since some accidents could have been assigned to more than one class, the following procedure was used to classify injured persons to a single accident class: If a motor vehicle was involved, the accident was classified as such regardless of where the accident occurred. Work accidents were defined as those occurring to persons at work, where no motor vehicle was involved. Accidents occurring in the home and not classifiable to the two previous groups were considered as home accidents. All accidents not classifiable to the three preceding groups were assigned to the "other and unknown" group.

Table 12. Average annual number of physician visits and number of physician visits per person per year by residence, region, and age: United States, July 1957-June 1959

				Reside	nce			
Region and age	All areas	Urban	Rural nonfarm	Rural farm	All areas	Urban	Rural nonfarm	Rural farm
All regions	Average	number of in tho	physicia usands	n visits	Number	of physi person p	cian visi er year	ts per
All ages	851,651	546,231	229,304	76,116	5.0	5.3	4.9	3.8
0-14 15-24	244,472 96,485 224,597 186,936 99,161	147,559 62,130 143,710 127,143 65,690	76,527 24,684 63,771 41,997 22,325	20,386 9,672 17,116 17,796 11,146	4.6 4.5 4.9 5.4 6.8	5.0 4.8 5.1 5.6 6.9	4.5 4.4 4.8 5.5 6.7	3.0 3.3 3.9 4.2 6.0
Northeast								
All ages	229,243	174,177	47,138	7,927	5.4	5.5	5.2	4.1
0-14 15-24	64,016 21,833 60,540 55,368 27,486	45,430 17,277 44,408 44,953 22,111	15,907 3,868 14,252 8,644 4,466	2,679 688 1,880 1,772 909	5.4 4.4 5.1 5.7 7.0	5.5 4.6 5.2 5.8 7.4	5.3 4.2 5.2 5.3 6.4	4.3 3.0 4.3 4.5 4.1
North Central								
All ages	239,832	152,876	59,715	27,241	4.7	4.9	4.5	3.9
0-14 15-24 25-44 45-64	68,206 27,475 62,666 53,163 28,321	41,604 18,030 40,351 34,506 18,384	19,790 5,432 15,853 12,117 6,524	6,812 4,012 6,462 6,541 3,413	4.1 4.3 4.5 5.2 6.2	4.5 4.6 4.8 5.2 6.2	4.1 3.6 4.1 5.7 6.5	2.9 4.4 4.0 4.4 5.6
South								
All ages	244,232	128,253	83,076	32,903	4.7	5.1	4.9	3.4
0-14 15-24 25-44 45-64	70,360 31,418 62,364 50,979 29,111	35,829 16,343 33,076 28,420 14,586	26,369 11,019 22,531 14,751 8,406	8,162 4,056 6,757 7,808 6,120	4.2 4.3 4.7 5.1 7.1	4.7 4.7 4.9 5.4 7.3	4.3 4.8 5.0 5.2 6.8	2.5 2.6 3.5 4.0 7.0
West								
All ages	138,344	90,925	39,374	8,046	5.7	6.0	5.3	4.6
0-14 15-24 25-44 45-64	41,891 15,759 39,027 27,425 14,243	24,697 10,480 25,875 19,265 10,609	14,461 4,364 11,135 6,486 2,929	2,733 916 2,017 1,675 705	5.2 5.5 5.8 5.9 7.0	5.5 5.8 6.2 6.0 7.1	4.9 5.2 5.2 6.0 7.1	4.8 4.2 4.7 4.4 4.9

Table 13. Average annual number of physician visits and number of physician visits per person per year by place of visit, region, and residence: United States, July 1957-June 1959

				Place o	f visit				
Region and residence	Total	Office	Home	Other and unknown	Total	Office	Home	Other and unknown	
	Average	number of in tho		n visits	Number of physician visits per person per year				
All regions	851,651	560,182	83,025	208,444	5.0	3.3	0.5	1.2	
UrbanRural nonfarmRural farm	546,231 229,304 76,116	346,105 156,188 57,889	58,942 18,831 5,252	141,184 54,285 12,975	5.3 4.9 3.8	3.4 3.3 2.9	0.6 0.4 0.3	1.4 1.2 0.6	
Northeast	229,243	134,781	34,768	59,693	5.4	3.2	0.8	1.4	
UrbanRural nonfarmRural farm	174,177 47,138 7,927	100,380 29,118 5,283	27,244 6,637 887	46,553 11,383 1,758	5.5 5.2 4.1	3.2 3.2 2.8	0.9 0.7 0.5	1.5 1.3 0.9	
North Central	239,832	168,869	19,278	51,684	4.7	3.3	0.4	1.0	
Urban	152,876 59,715 27,241	103,060 43,464 22,345	14,310 4,091 877	35,505 12,160 4,019	4.9 4.5 3.9	3.3 3.2 3.2	0.5 0.3 0.1	1.1 0.9 0.6	
South	244,232	160,837	20,778	62,618	4.7	3.1	0.4	1.2	
UrbanRural nonfarmRural farm	128,253 83,076 32,903	80,470 56,426 23,941	11,905 5,754 3,118	35,878 20,896 5,843	5.1 4.9 3.4	3.2 3.3 2.5	0.5 0.3 0.3	1.4 1.2 0.6	
West	138,344	95,694	8,201	34,449	5.7	3.9	0.3	1.4	
UrbanRural nonfarmRural farm	90,925 39,374 8,046	62,194 27,180 6,321	5,483 2,349 370	23,248 9,846 1,355	6.0 5.3 4.6	4.1 3.7 3.6	0.4 0.3 0.2	1.5 1.3 0.8	

Table 14. Average annual number of physician visits and number of physician visits per person per year by place of visit, region, and age: United States, July 1957-June 1959

	Place of visit							
Region and age	Total	Office	Home	Other and unknown	Total	Office	Home	Other and unknown
All regions	Average number of physician visits in thousands				Number of physician visits per person per year			
All ages	851,651	560,182	83,025	208,444	5.0	3.3	0.5	1.2
0-14	244,472 96,485 224,597 186,936 99,161	138,044 65,759 163,839 132,808 59,732	24,985 5,209 13,344 16,892 22,595	81,443 25,518 47,413 37,236 16,834	4.6 4.5 4.9 5.4 6.8	2.6 3.1 3.6 3.8 4.1	0.5 0.2 0.3 0.5 1.5	1.5 1.2 1.0 1.1
Northeast	220 242	12/ 701	27.760	50 602	<i>.</i> ,	2.2	0.0	1 /
0-14	64,016 21,833 60,540 55,368 27,486	27,383 14,010 41,088 37,439 14,862	12,094 2,052 5,519 6,946 8,157	59,693 24,539 5,772 13,933 10,983 4,466	5.4 4.4 5.1 5.7 7.0	2.3 2.8 3.5 3.8 3.8	1.0 0.4 0.5 0.7 2.1	1.4 2.1 1.2 1.2 1.1
North Central All ages	239,832	168,869	19,278	51,684	4.7	3.3	0.4	1.0
0-14 15-24 25-44 45-64	68,206 27,475 62,666 53,163 28,321	42,961 19,572 48,739 39,791 17,807	4,984 1,325 2,775 4,135 6,059	20,261 6,579 11,152 9,237 4,455	4.1 4.3 4.5 5.2 6.2	2.6 3.1 3.5 3.9 3.9	0.3 0.2 0.2 0.4 1.3	1.2 1.0 0.8 0.9 1.0
South	0,, 000	160 007	20. 770	60 610	, -	2.1		
0-14	70,360 31,418 62,364 50,979 29,111	41,672 21,223 44,540 35,730 17,671	5,746 1,206 3,564 3,830 6,431	62,618 22,941 8,988 14,260 11,419 5,010	4.7 4.2 4.3 4.7 5.1 7.1	3.1 2.5 2.9 3.4 3.6 4.3	0.4 0.3 0.2 0.3 0.4 1.6	1.2 1.4 1.2 1.1 1.1 1.2
West All ages	138,344	95,694	8,201	34,449	5.7	3.9	0.3	1.4
0-14 15-24 25-44 45-64	41,891 15,759 39,027 27,425 14,243	26,028 10,954 29,472 19,848 9,392	2,161 626 1,487 1,980 1,948	13,702 4,179 8,068 5,597 2,902	5.2 5.5 5.8 5.9 7.0	3.3 3.8 4.4 4.3 4.6	0.3 0.2 0.2 0.4 1.0	1.7 1.4 1.2 1.2

Table 15. Percent distribution of physician visits according to place of visit by region and age:
United States, July 1957-June 1959

	Place of visit						
Region and age	Total	Office	Home	Oth an unkn	d		
All regions	Percent distribution						
All ages	100.0	65.8	9.7		24.5		
0-14	100.0 100.0 100.0 100.0 100.0	56.5 68.2 72.9 71.0 60.2	10.2 5.4 5.9 9.0 22.8		33.3 26.4 21.1 19.9 17.0		
<u>Northeast</u>							
All ages	100.0	58.8	15.2		26.0		
0-14	100.0 100.0 100.0 100.0 100.0	42.8 64.2 67.9 67.6 54.1	18.9 9.4 9.1 12.5 29.7		38.3 26.4 23.0 19.8 16.2		
All ages	100.0	70.4	8.0		21.6		
0-14	100.0 100.0 100.0 100.0 100.0	63.0 71.2 77.8 74.8 62.9	7.3 4.8 4.4 7.8 21.4		29.7 23.9 17.8 17.4 15.7		
<u>South</u>							
All ages	100.0	65.9	8.5	•	25.6		
0-14	100.0 100.0 100.0 100.0 100.0	59.2 67.6 71.4 70.1 60.7	8.2 3.8 5.7 7.5 22.1		32.6 28.6 22.9 22.4 17.2		
West							
All ages	100.0	69.2	5.9		24.9		
0-14	100.0 100.0 100.0 100.0 100.0	62.1 69.5 75.5 72.4 65.9	5.2 4.0 3.8 7.2 13.7		32.7 26.5 20.7 20.4 20.4		

Table 16. Average annual number of dental visits and number of dental visits per person per year by region and residence: United States, July 1957-June 1959

	Region					
Residence	All regions	North- east	North Central	South	West	
	Average number of dental visits in thousands					
All areas	258,468	89,072	77,150	51,773	40,473	
Urban	180,504 60,844 17,120	72,205 14,961 1,906	52,231 17,783 7,136	29,035 16,460 6,277	27,033 11,639 1,800	
	Number of dental visits per person per					
All areas	1.5	2.1	1.5	1.0	1.7	
Urban	1.8 1.3 0.8	2.3 1.7 1.0	1.7 1.3 1.0	1.2 1.0 0.7	1.8 1.6 1.0	

Table 17. Average annual number of dental visits and number of dental visits per person per year by region and age: United States, July 1957-June 1959

(See headnote on table 16)

	Region					
Age	All regions	North- east	North Central	South	West	
	Average number of dental visits in thousands					
All ages	258,468	89,072	77,150	51,773	40,473	
0-14	66,883 47,381 80,224 52,342 11,638		3,407	10,070 2,365	6,688 11,930 8,511 2,133	
All ages	1.5	2.1	1.5	1.0	1.7	
0-14	1.3 2.2 1.8 1.5 0.8	1.8 3.4 2.4 1.9 1.0	1.4 2.2 1.6 1.4 0.7	0.7 1.3 1.3 1.0 0.6	1.4 2.3 1.8 1.8	

Table 18. Population used in obtaining rates shown in this publication by residence, age, and region: United States, July 1957-June 1959

	Region					
Residence and age	Total	North- east	North Central	South	West	
	Population in thousands					
All areas	169,835	42,379	51,509	51,622	24,325	
0-24	74,826 53,303 21,523 45,579 34,763	16,887 11,947 4,940 11,765 9,799	22,794 16,437 6,357 13,859 10,267	24,273 16,930 7,343 13,209 10,036	10,872 7,988 2,883 6,747 4,661	
65+	14,667	3,928	4,588	4,105	2,046	
Urban	102,900	31,443	31,181	25,130	15,147	
0-24	42,661 29,639 13,022 27,928 22,854 9,457	12,082 8,298 3,784 8,579 7,779 3,004	13,169 9,240 3,928 8,387 6,656 2,968	11,102 7,609 3,493 6,803 5,227 1,997	6,308 4,491 1,817 4,160 3,192 1,488	
Rural nonfarm	46,783	9,020	13,387	16,951	7,425	
0-24	22,483 16,876 5,607 13,278 7,674 3,348	3,943 3,018 925 2,752 1,625 700	6,394 4,872 1,522 3,873 2,114 1,007	8,377 6,063 2,314 4,497 2,849 1,228	3,769 2,922 847 2,156 1,087 414	
Rural farm	20,151	1,916	6,941	9,542	1,753	
0-24	9,682 6,788 2,895 4,373 4,234 1,862	862 630 232 435 395 224	3,232 2,325 907 1,599 1,497 613	4,793 3,257 1,536 1,909 1,960 880	795 575 220 431 382 145	

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in <u>Current Population Reports</u>: Series P-20, P-25, P-50, P-57, and P-60.

Table 19. Population used in obtaining rates shown in this publication by selected characteristics and region: United States, July 1957-June 1959

	Region					
Characteristic	All areas	North- east	North Central	South	West	
Total population	Population in thousands					
Both sexes	169,835	42,379	51,509	51,622	24,325	
MaleFemale	82,633 87,202	20,590 21,788	25,382 26,127	24,896 26,726	11,765 12,561	
Usually working population-17+						
Total	59,393	15,946	17,731	17,477	8,239	
UrbanRural nonfarmRural farm	38,610 14,596 6,187	12,326 3,007 613	11,391 4,173 2,167	9,415 5,240 2,821	5,478 2,175 586	
17-24	6,975 28,255 21,452 2,711	1,709 7,358 6,155 724	2,060 8,434 6,384 854	2,372 8,328 6,012 765	833 4,136 2,902 369	

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, P-50, P-57, and P-60.

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report on <u>Selected Health Characteristics By Geographic Regions</u> is one of a series of statistical reports prepared by the U.S. National Health Survey. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, which is a main aspect of the program.

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, collects information on illnesses, injuries, chronic conditions, medical care, dental care, and other health topics. As data relating to each of these various broad subject areas are tabulated and analyzed, separate reports are issued covering one or more specific topics. The present report is based on the consolidated sample for 104 weeks of interviewing during the period July 1957-June 1959.

The population covered by the sample for the Health Interview Survey is the civilian noninstitutional population of the United States living at the time of the interview. The sample does not include members of the Armed Forces, U. S. nationals living in foreign countries, and crews of vessels.

Statistical Design of the Health Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of drawing a sample of 500 from the 1,900 geographically defined Primary Sampling Units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Statistical Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments, household members are interviewed concerning factors related to health.

Since the household members included each week are a representative sample of the population, samples for successive weeks can be combined into larger samples. Thus, the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The

continuous collection has administrative and operational advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—Over the 24-month period ending June 1959, the sample included approximately 235,000 persons from 73,000 households in 12,200 segments. The over-all sample was designed in such a fashion that tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the Public Health Service. In accordance with these specifications the Bureau of the Census designs and selects the sample, conducts the field interviewing acting as collecting agent for the Public Health Service, and edits and codes the questionnaires. Tabulations are prepared by the Public Health Service using the Bureau of the Census electronic computers.

Estimating methods.—Each statistic produced by the survey—for example, the number of work-loss days occurring in a specified period—is the result of two stages of ratio estimation. In the first of these, the factor is the ratio of the 1950 decennial population count to the 1950 estimated population in the U.S. National Health Survey's first-stage sample of PSU's. These factors are applied for more than 50 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in about 60 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week as well as characteristics of the population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the U.S. population for that calendar quarter. Similarly, population or prevalence data for a 2-year period are averages of the eight quarterly figures.

For statistics measuring the number of occurrences during a specified time period, such as number of bed-disability days, a similar computational procedure is used, but the statistics have a different interpretation. For the disability-day items, the questionnaire asks for the respondent's experience over the two calendar weeks prior to the week of interview.

In such instances the estimated quarterly total for the statistic is simply 6.5 times the average two-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons interviewed during a year-experience which actually occurred for each person in a two-calendar-week interval prior to week of interview—is treated in analysis as though it measured the total of such experience occurring in the year. Such interpretation leads to no significant bias.

General Qualifications

Nonresponse. - Data were adjusted for nonresponse by a procedure which imputes to persons in a household which was not interviewed the characteristics of persons in households in the same segment which were interviewed. The total noninterview rate was 5 percent; 1 percent was refusal, and the remainder was primarily due to the failure to find any eligible household respondent after repeated trials.

The interview process.—The statistics presented in this report are based on replies secured in interviews of persons in the sampled households. Each person 18 years and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for children and for adults not available at the time of the interview, provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended diagnostic information is often no more than a description of symptoms. However, other facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report information of this type.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain over-all totals by age and sex, which are adjusted to independent estimates, these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the over-all totals by age and sex, mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the tables of standard errors shown in this Appendix should be interpreted as providing an estimate of approximate standard error rather than as the precise standard error for any specific statistic.

The following rules will enable the reader to determine the sampling errors for the data contained in this report.

1. Estimates of aggregates: Approximate standard errors of estimates of aggregates, such as the number of persons with one or more chronic conditions, the number of physician or dental visits, and the number of disability days, are obtained from appropriate columns of table I.

Example:

The average number of persons with 1+ chronic conditions in the Northeast region was 17,168,000 (table 1). Since the standard error for this estimate is not shown in table l, it is necessary to interpolate between the standard error for 10,000,000 persons which is 180,000 and the standard error for 20,000,000 persons which is 240,000. Such interpolation gives 223,000 as the standard error for 17,168,000 persons with 1+ chronic conditions.

2. Estimates of percentages in a percent distribution: Approximate standard errors of percentages in percent distributions of persons, conditions, injuries, and physician and dental visits are given in appropriate columns of table 11. Approximate standard errors of percentages in percent distributions of disability days are obtained from table Ill.

Examples:

Approximately 14.3 percent of the 9,799,000 persons 45-64 years of age in the Northeast region had chronic limitation of activity (table 2). Since neither the base nor the percentage is shown in table ll, it is necessary to interpolate between 10 percent and 25 percent to obtain 0.89 as the standard error of 14.3 percent with a base of 5,000,000 and 0.66 as the standard error of 14.3 percent with a base of 10,000,000. A final interpolation between these results yields 0.67 rounded to 0.7 as the standard error for a statistic of 14.3 percent with a base of 9,799,000.

- (B) Of the 266,237,000 days of bed disability reported for persons in the Northeast region, 23.1 percent of the days were for persons 45-64 years of age (table 4). Since neither the base nor the percentage is shown in table 1ll, it is necessary to interpolate between 10 percent and 25 percent to obtain 0.96 as the standard error for 23.1 percent with a base of 250,000,000 and 0.67 as the standard error of 23.1 percent with a base of 500,000,000. A final interpolation between these results yields 0.9 as the standard error of 23.1 percent with a base of 266,237,000.
- 3. Estimates of prevalence rates: Prevalence estimates of a chronic condition per 1,000 persons are obtained from table II. Since table II is set up for the estimation of the standard error of a rate per 100, the prevalence per 1,000 must first be converted to a percentage; table II is then entered with this percentage and the number of persons in the population category (base of the percentage). The entry in the body of the table must then be multiplied by 10 to apply to the rate per 1,000 persons. Example:

The prevalence rate of arthritis and rheumatism among persons residing in urban areas of the Northeast region was 59.1 per 1,000 population (table 8). This rate expressed as a percentage is 5.9 and it is based on 31,443,000 persons residing in urban areas of the Northeast region. Since neither the base nor the percentage is shown in table ll, it is necessary to interpolate between 5 percent and 10 percent to obtain 0.22 as the standard error for 5.9 percent with a base of 30,000,000 and 0.20 as the standard error of 5.9 percent with a base of 50,000,000. A final interpolation between these results yields 0.22 as the standard error of 5.9 with a base of 31,443,000. Multiplying this standard error by 10 gives 2.2 as the standard error for a rate of 59.1 persons per 1,000 population.

4. Estimates of the number of disability days per person per year, the number of physician or dental visits per person per year, and the rate of persons injured; Approximate standard errors for these rates are obtained as follows:

(a) Obtain the standard error of the numerator from table 1. Divide the standard error by the numerator itself. Square the result.

(b) Obtain the standard error of the denominator from table 1. Divide the standard error by the denominator itself. Square the result.

(Note: Where the denominator is adjusted to Bureau of the Census figures and therefore is not subject to sampling error, this quantity is zero.)

(c) Add the answers from steps (a) and (b) above and extract the square root.

(d) Multiply the answer from step (c) by the rate. The result is the approximate standard error of the rate. This procedure normally gives an overestimate of the true sampling error.

Examples:

(A) There were 5.4 physician visits per person per year for persons residing in the Northeast region (table 14). Using Rule 1 we find that the standard error for the numerator of 229,243,000 physician visits is 5,570,000, and the standard error for the denominator of 42,379,000 persons (table 18) is 272,000. Completing the computation as follows:

$$5.4 \sqrt{\left(\frac{5,570,000}{229,243,000}\right)^2 + \left(\frac{272,000}{42,379,000}\right)^2}$$

yields 0.1 as the standard error of 5.4 physician visits per person per year residing in the Northeast region.

(B) There were 267.6 persons injured per 1,000 population residing in urban areas of the United States (table 11). Using Rule 1 we find that the standard error for the numerator of 27,534,000 persons injured is 1,401,000 and the denominator, an estimate which has been adjusted to Bureau of the Census figures, has no sampling error. Completing the computations as follows:

$$267.6\sqrt{\left(\frac{1,401,000}{27,534,000}\right)^2+0}$$

yields a value of 13.6.

(All numbers shown in thousands)

		For estimates of	the number of:	
Size of estimate	Persons by health or other demographic characteristic ¹ Chronic conditions by type	Persons injured	Physician visits Dental visits	Disability days
		The approximate st	andard error is:	
100 500 1,000 2,000 3,000	18 40 60 80 100	- 280 400 480	340 480 600	400 560 720
10,000 20,000 30,000 50,000	180 240 260 280	880 1,280 1,440 2,000	1,040 1,520 1,800 2,400	1,200 1,760 2,160 2,800
100,000 200,000 500,000 750,000 1,250,000	320 - - - - -	2,800 - - - - -	3,600 5,200 9,000 11,760 16,600	4,400 6,400 12,000 16,800 25,600

 $^{^1}$ The total U. S. population by age, sex, and residence has been adjusted to official Bureau of the Census figures and therefore is not subject to sampling error.

Table II. Standard errors of percentage distributions of persons, conditions, persons injured, and physician and dental visits

7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
When the base of the p	ercentage is number of:	For	estimat	ed perc	entagės	of:
Persons by health or other demographic characteristic Chronic conditions by type (In the	Persons injured Physician visits Dental visits ousands)	2 or 98	5 or 95	10 or 90	25 or 75	50
			pproximessed in			rror ints) is:
100	2,500	2.9	1 4.5	1 5.4	7.8	10.3
500	12,500	1.3	,	2.4		4.6
1,000	25,000	0.9	1.4	1.7	2.5	3.3
2,000	50,000	0.6	1.0	1.2	1.8	2.3
3,000	75,000	0.6	0.8	1.0	1.4	1.9
5,000	125,000	0.4	0.6	0.8	1.1	1.4
10,000 20,000	250,000 500,000 750,000	0.3 0.2 0.2 0.2 0.1	0.5 0.3 0.2 0.2	0.6 0.4 0.3 0.2	0.8 0.6 0.5 0.3	1.0 0.7 0.6 0.5 0.3

Table III. Standard errors of percentage distributions of disability days

When the base of the percentage is number of:		For estim	ated perce	entages of:	
Disability days (in thousands)	2 or 98	5 or 95	10 or 90	25 or 75	50
	(The approx			
2,500 12,500 25,000 50,000 75,000	3.4 1.5 1.0 0.7 0.6	5.2 2.3 1.7 1.2 1.0	3.2	4.6 3.3	12.0 5.4 3.8 2.7 2.2
125,000 250,000	0.5 0.3 0.2 0.2 0.2	0.7 0.6 0.4 0.3 0.2	1.0 0.7 0.5 0.4 0.3	1.4 1.0 0.7 0.6 0.5	1.7 1.2 0.9 0.6 0.6

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Demographic Terms

Residence.—Residence is the term used to signify the division of the United States into urban, rural-nonfarm, and rural-farm populations. The definition of urban and rural areas is the same as that used in the 1950 Census.

Urban,—The urban population includes all persons living in (a) places of 2,500 inhabitants or more which are incorporated as cities, boroughs. or villages; (b) incorporated towns of 2,500 inhabitants or more except in New England, New York, and Wisconsin where "Towns" are simply minor civil divisions of counties; (c) the densely settled urban fringe including both incorporated and unincorporated areas around cities of 50,000 or more inhabitants; and (d) unincorporated places of 2,500 inhabitants or more outside any urban fringe. The remaining population is classified as rural.

Rural farm.-The rural-farm population includes all rural residents living on farms. In deciding whether the members of a household live on a farm or ranch, the statement of the household respondent is accepted with the following exception. A house occupied by persons who pay cash rent for house and yard only is not counted as a farm or ranch even if the surrounding area is farm land. This special case does not cover; (1) the living quarters of a tenant farmer who rents farm land as well as house and yard; (2) the quarters of a hired hand who receives living quarters on a farm as part of his compensation; or (3) separate living quarters inside a structure which is classified as being on a farm. In all of these cases the living quarters are counted as being on a farm.

Rural nonfarm. - The rural-nonfarm population includes all of the remaining rural population. Region.-For the purpose of classifying the population by geographic area, the States are grouped into four regions. These regions, which correspond to those used by the Bureau of the Census, are as follows:

Region	States Included
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central	Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia,

South—Cont.

North Carolina, South Carolina, Georgia, Florida, Kentucky,

Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma,

Texas

West

Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon,

California

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

Terms Relating to Disability

Disability.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

Long-Term Disability

Chronic activity limitation.—Chronic activity limitation is ascertained for all persons with one or more chronic conditions. These persons are divided into four categories according to the extent to which their activities are limited as a result of the conditions (cards C, D, E, and F, Appendix Ill). For the purpose of this report all degrees of chronic activity limitation have been combined.

Since the major activities of housewives and workers and other persons differ, a different set of criteria is used to determine reduction of major activity for each group. However, there is a general similarity between the criteria as will be seen in the following description of activity limitation for the various population groups:

Limitation of activity. - Inability to carry on major activity of the group, or limited in amount or kind of

participation in major activity of the group:

Preschool children: inability to take part in ordinary play or limited in the amount or kind of play with other children

School-age children: inability to go to school. or limited to certain types

of schools or in school attendance; limited in athletics or other extracur-

ricular activities

Housewives:

inability to do any housework, or limited in amount Housewives-Cont.:

or kind of housework; limited in recreationalor community activities

Workers and all other persons:

inability to work at a job or business, or limited in amount of work or kind of employment; limited in recreational or community activities

No limitation of activity.—No limitation as de-

Disability Days

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these, too, are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Restricted-activity day .- A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, "usual activities" depend upon whatever the usual pattern is for the child's day which will, in turn, be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, "usual activities" might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are taken to be the things the person usually does on such days-going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth.

Restricted activity does not imply complete inactivity but it does imply only the minimum of 'usual activities.' A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore, such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Work-loss day.—A day is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for persons 17 years of age and over.

Person-days of restricted activity, bed disability, etc.—Person-days of restricted activity, bed disability, and so forth are days of the various forms of disability experienced by any one person. The sum of days for all persons in a group represents an unduplicated count of all days of disability for the group.

Terms Defining Morbidity Conditions

Condition.—A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "illness-recall" questions (11-17, Appendix III). In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Classification of Diseases, 1955 Revision, with certain modifications adopted to make the code more suitable for a household-interview-type survey.

Chronic condition,—A condition is considered to be chronic if it is described by the respondent (1) in terms of one of the chronic diseases on the "Check List of Chronic Conditions" or in terms of one of the types of impairments on the "Check List of Impairments" shown as cards A and B in Appendix III, or (2) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview.

Chronic effect or residual of injury.—A chronic condition resulting from an injury may be either an impairment, such as paralysis, or some other type of late effect of the injury, such as arthritis. Disability from such conditions is included with that resulting directly from the injuries, unless otherwise specified.

With a few exceptions, injuries that are still giving trouble are classified according to the chronic effect of the injury if the injury occurred 3 months or more before the interview week, but to the injury itself if the injury occurred less than 3 months before.

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence, code numbers for impairments in the International Classification of Diseases are

not used. In the Supplementary Code impairments are grouped according to the type of functional impairment and etiology.

lnjury condition.—An injury condition, or simply an injury, is an acute condition of the type that is classified to the nature of injury code numbers (N800-N999) in the International Classification of Diseases. In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes include: effects of exposure, such as sunburn; adverse reactions to immunizations and other medical procedures; and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

As in the case of all acute conditions, acute injury conditions involving neither restricted activity nor medical attendance are excluded from the statistics.

Terms Relating to Conditions

<u>Prevalence of conditions.</u>—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time.

The prevalence of chronic conditions denotes the number of chronic cases reported to be present or assumed to be present at the time of interview; those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the chronic conditions on the "Check List of Chronic Conditions" and reported to have been present at some time during the 12-month period prior to the interview.

Estimates of the prevalence of chronic conditions may be restricted to cases that satisfy certain additional stated criteria, such as, for example, cases involving a day or more in bed in the past year, or cases still under medical care.

Onset of condition.—A morbidity condition, whether acuteor chronic, is considered to have had its onset when it was first noticed. This could be the time the person first felt "sick," or became injured, or it could be the time the person or his family was first told by a physician that he had a disease of which he was previously unaware. For a chronic condition, episodic in nature, the onset is always considered to be the original onset rather than the start of the most recent episode.

Medically attended condition.—A condition for which a physician was consulted is called a medically attended condition. Consulting a physician includes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one condition for each of several patients, each condition is counted as medically attended.

Terms Relating to Persons Injured

<u>Person injured.</u>—A person injured is one who has sustained an injury in an accident, or in some type of nonaccidental violence. (See definition of "Injury condition." above.) Each time a person is injured he is in-

cluded in the statistics as a separate "person injured"; hence, one person may be included more than once.

The statistics of persons injured include only persons sustaining injuries which involved at least one full day of restricted activity or medical attendance.

Note that the number of persons injured is not equivalent to the number of "accidents" for several reasons; (1) the term "accident," as commonly used, may not involve injury at all; (2) more than one injured person may be involved in a single accident so that the number of accidents resulting in injury would be less than the number of persons injured in accidents; and (3) the term "accident" ordinarily implies an accidental origin, whereas "persons injured" includes persons whose injury resulted from certain nonaccidental violence.

The number of persons injured in a specified time interval is always equal to or less than the incidence of injury conditions, since one person may incur more than one injury in a single accident or nonaccidental violence.

Class of accident.—Injuries, injured persons, and resulting days of restricted activity may be grouped according to class of accident. This is a broad classification of the types of events which resulted in persons being injured. Most of these events are accidents in the usual sense of the word, but some are other kinds of mishap, such as overexposure to the sun or adverse reactions to medical procedures, and others are non-accidental violence, such as attempted suicide. The classes of accidents are: (1) motor-vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other. These categories are not mutually exclusive. For example, a person may be injured in a motor-vehicle accident which occurred while the person was at work.

Motor-vehicle accident.—The class of accident is "motor vehicle" if a motor vehicle was involved in any way. Thus, it is not restricted to moving motor vehicles or to persons riding in motor vehicles. A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a land highway. Any object, such as a trailer, coaster, sled, or wagon, being towed by a motor vehicle is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

Accident while at work.—The class of accident is "while at work" if the injured person was 17 years of age or over and was at work at a job or a business at the time the accident happened.

Home accident.—The class of accident is 'home'' if the injury occurred either inside the house or outside the house, ''Outside the house'' refers to the yard, buildings, and sidewalks on the property. ''Home'' includes not only the person's own home but also any other home in which he might have been when he was injured.

Other.—The class of accident is "other" if the occurrence of injury cannot be classified in one or more of the first three class-of-accident categories. This category therefore includes persons injured in public places (e.g., tripping and falling in a storeor on a public sidewalk), and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not

cover the military population, but current disability of various types resulting from prior injury occurring while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

Medical Care Terms

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence, persons passing through a tuberculosis chest X-ray trailer, by this definition, are not included as physician visits. However, a special chest X-ray given in a physician's office or an outpatient clinic is considered to be a physician visit.

Physician visits to hospital inpatients are not included.

If a physician is called to the house to see more than one person, the call is considered to be a separate physician visit for each person about whom the physician was consulted.

A physician visit is associated with the person about whom the advice was sought, even if that person did not actually see or consult the physician. For example, if a mother consults a physician about one of her

children, the physician visit is ascribed to the child.

Place of visit.—The place of visit is a classification of the types of places at which a physician visit took place. (See definition of "Physician visit.") The definitions of the various categories are as follows:

- 1. Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
- 2. Office is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment group practice plans are considered to be in private practice.
- 3. Other includes treatment or advice received from a physician or under a physician's general supervision at a hospital outpatient clinic, a company or industry health unit, a school, insurance office, health department clinic, or any other place at which a physician consultation might take place. Also included in this category is advice given in a telephone call directly by the physician or transmitted through the nurse.

Dental Care Terms

Dental visit.—Each visit to a dentist's office for treatment or advice is considered to be a dental visit. The visit may involve services provided directly by the dentist or by a dental hygienist acting under a dentist's supervision. Services provided while a person was a patient in a hospital for overnight or longer are not considered to be dental visits.

Edentulous persons.—Persons who have lost all of their permanent teeth are classed as edentulous persons. An edentulous person may have dentures but does not have any natural teeth.

APPENDIX III

QUESTIONNAIRE

The items below show the exact content and wording of the questionnaire used in the household survey. The actual questionnaire is designed for a household as a unitand-includes additional spaces for reports on more than one person.

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Card A			
	Card C	Cord E	Card G
MATIONAL HEALTH SURVEY Check List of Chronic Conditions	NATIONAL HEALTH SURVEY For: Workers and other persons except Housewives and Children	NATIONAL HEALTH SURVEY For: Children from 6 to 16 years old and others going to school	NATIONAL HEALTH SURVEY
1. Asthma 2. Any allergy 2. Any allergy 3. Tuberculosis 3. Tuberculosis 4. Chronic bronchitis 5. Repeated attacks of sinus trouble 19. Diabetes 6. Rheumatic fever 7. Hardening of the arteries 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Hemorrhoids or piles 13. Gallbladder or liver trouble 14. Stomach ulcer 15. Any other chronic 16. Hernia or rupture 26. Hernia or rupture	1. Cannot work at all at present. 2. Can work but limited in amount 3. Can work but limited in kind or amount of outside activities. 4. Not limited in any of these ways.	1. Cannot go to school at all at present time. 2. Can go to school but limited to cartain types of 'chools or in school attendance. 3. Can go to school but limited in other activities. 4. Not limited in any of these ways.	1. Confined to the house all the time, except in emergencies. 2. Can go outlide but need the help of another person in getting around outside. 3. Can go outlide alone but have trouble in getting around freely. 4. Not limited in any of these ways.
Card B	Card D	Card F	Card H
MATIONAL HEALTH SURVEY Check List of Impairments	HATIONAL HEALTH SURVEY For: Housewife	NATIONAL HEALTH SURVEY For: Children under 6 years old	NATIONAL HEALTH SURVEY Family income during past 12 months
Deafness or serious trouble with hearing. Serious trouble with seeing, even with glasses. Serious trouble with seeing, even with glasses.	1. Cannot keep house at all at present. 2. Can keep house but limited in amount or kind of housework.	Cannot take cart at all in ordinary play with other children. Can play with other children but limised in amount or kind of play.	1. Und.r \$500 (including lnss) 2. \$500 - \$999 3. \$1,000 - \$1,999
u. Stammering or other trouble with speech.	Can keep house fut limited in outside activities. Not limited in any of these ways.	4. Not limited in any of these ways.	u. \$2,000 - \$2,999 5. \$3,000 - \$3,999
			6, \$4,000 - \$4,999 7, \$5,000 - \$6,994 8, \$7,000 - \$9,999
 Paralysis of any kind. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or tack. 			9. \$10,000 and over.

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